

Officeholder and Candidate
Campaign Statement -
Short Form

RECEIVED

CALIFORNIA
FORM 470

Date of election if applicable:
(Month, Day, Year)

Nov 2016

☐ Amendment (Explain Below)

SEP 29 2016

CITY OF LINCOLN

For Official Use Only

1. Statement Covers Calendar Year 20

16

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Brandy A. Waters

STREET ADDRESS

Civ.

CITY

Lincoln

STATE

CA

ZIP CODE

95648

AREA CODE/MAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

Lincoln

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

8

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

Sept 29 2016

DATE

By

Brandy A. Waters

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

SCANNED